

Application Data Sheet

Application Information

Application number::
Filing Date:: 02/28/02
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: VAPOR DEPOSITION OF
DIHALODIALKYL SILANES
Attorney Docket Number:: 02307V-121600US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?::
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency:: National Science Foundation
Contract or Grant Numbers One:: DM11-0099765
Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: William
Middle Name:: R.
Family Name:: Ashurst
Name Suffix::
City of Residence:: Berkeley
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1332 Shattuck Avenue, No. 4
City of Mailing Address:: Berkeley
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94720

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Roya
Middle Name::
Family Name:: Maboudian
Name Suffix::
City of Residence:: Orinda
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 168 Ravenhill Road
City of Mailing Address:: Orinda
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94563

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Carlo

Middle Name::

Family Name:: Carraro

Name Suffix::

City of Residence:: Orinda

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 168 Ravenhill Road

City of Mailing Address:: Orinda

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94563

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	28,219	M. Henry Heines

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::